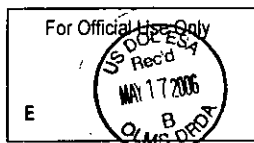


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



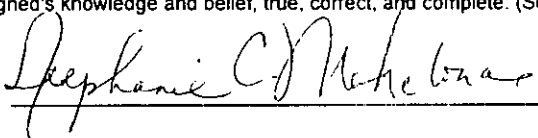
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="12424"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="STEPHANIE"/> <input type="text" value="C"/> <input type="text" value="MAHELONA"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="1617 PALAMA STREET"/> City <input type="text" value="HONOLULU"/> State <input type="text" value="Hawaii"/> ZIP Code + 4 <input type="text" value="96817-3043"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="LABORERS AFL-CIO LOCAL 368"/> Labor Organization File Number <input type="text" value="042-957"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="1617 PALAMA STREET"/> City <input type="text" value="HONOLULU"/> State <input type="text" value="Hawaii"/> ZIP Code + 4 <input type="text" value="96817-3043"/>
5. Position in labor organization. <input type="text" value="OFFICE MANAGER/EXECUTIVE SECRETARY"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <input type="text" value="5/10/2006"/> Date	<input type="text" value="808-841-5877"/> Telephone Number

Name of Person Filing STEPHANIE MAHELONA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <input style="width: 80%;" type="text" value="HAWAII LABORERS' TRAINING TRUST FUND"/> Trade Name, if any: <input style="width: 80%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text" value="1440 KAPIOLANI BLVD., SUITE 800"/> City <input style="width: 80%;" type="text" value="HONOLULU"/> State <input style="width: 20%;" type="text" value="Hawaii"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="96814-3502"/>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input style="width: 80%;" type="text"/> Trade Name, if any: <input style="width: 80%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text"/> City <input style="width: 80%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text"/>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px;"> TRAINING TRUST FUND. PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND, ENTITLED TO ATTEND EDUCATIONAL CONFERENCES AND OTHER PLAN PARTICIPANT RELATED FUNCTIONS, ON A FULLY REIMBURSED BASIS. (SEE ATTACHED WORKSHEET) </div>
	12.b. Amount. <input style="width: 100px;" type="text" value="\$8,140"/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input style="width: 80%;" type="text"/> Trade Name, if any: <input style="width: 80%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text"/> City <input style="width: 80%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input style="width: 100px;" type="text"/>

STEPHANIE MAHELONA - HAWAII LABORERS TRAINING TRUST FUND

NAME OF CONFERENCE	TOTAL PAYMENTS	AMOUNT EXPENSED	AMOUNT REFUNDED
World of Concrete January 17-21, 2005 Las Vegas, NV	\$ 3,225.00	\$ 2,006.21	\$ 1,218.79
Washington Legislative Update May 16-18, 2005 Washington, DC	\$ 7,695.00	\$ 5,961.22	\$ 1,733.78
Annual/Quarterly Meeting May 16-18, 2005 Hilton Waikoloa Village	\$ 400.00	\$ 172.47	\$ 227.53
Total	\$ 11,320.00	\$ 8,139.90	\$ 3,180.10

Name of Person Filing STEPHANIE MAHELONA

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name HAWAII LABORERS' HEALTH & WELFARE TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1440 KAPIOLANI BLVD., SUITE 800

City HONOLULU

State Hawaii ZIP Code + 4 96814-3502

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

HEALTH & WELFARE TRUST FUND. PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND, ENTITLED TO ATTEND EDUCATIONAL CONFERENCES AND OTHER PLAN PARTICIPANT RELATED FUNCTIONS, ON A FULLY REIMBURSED BASIS. (SEE ATTACHED WORKSHEET)

12.b. Amount.

\$17,845

STEPHANIE MAHELONA - HEALTH & WELFARE FUND

NAME OF CONFERENCE	TOTAL PAYMENTS	AMOUNT EXPENSED	AMOUNT REFUNDED
Investmensts Institute April 18-20, 2005 Hollywood, FL	\$ 7,635.00	\$ 5,791.42	\$ 1,843.58
HUB Educational Trust Fund Conference May 26-30, 2005 Hyatt Regency Kauai	\$ 2,809.00	\$ 1,653.47	\$ 1,155.53
Annual/Quarterly Meeting July 20-24, 2005 Hilton Waikoloa Village	\$ 400.00	\$ 172.47	\$ 227.53
Health Care Management August 8-10, 2005 Washington, DC	\$ 7,635.00	\$ 5,722.73	\$ 1,912.27
Construction Industry Institute September 14-15, 2005 Las Vegas, NV	\$ 3,045.00	\$ 2,539.00	\$ 506.00
51st Annual Employee Benefits Conference November 13-16, 2005 Honolulu, HI	\$ 2,210.00	\$ 1,966.19	\$ 243.81
Total	\$ 23,734.00	\$ 17,845.28	\$ 5,888.72